Cas sender: complete this section Docu	resupple terms sequented on deliverios Page 1 of 1
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name) C. Date & Delivery
Article Addressed to:	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No
PORTFOLIO PARTNERS & GMK, INC. C/O MICHAEL D. KOWALICK 4246 RIDGE LEA ROAD AMHERST, NY 14226	070v97 Alias Sma And Cap
	3. Service Type  ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7008 015	
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540